

**CLAIMS ONLY**

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**Application Number**

Application Number  
10-506864  
Applicant(s)

**Filing Date**

**Applicant(s)**

**• May be used for additional claims or amendments**

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
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50						
Total Indep	1					
Total Depend	18					
Total Claims	19					

May be used for additional claims or amendments						
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						